

UNITED STATES COURT OF APPEALS
FOR THE NINTH CIRCUIT

Form 4. Motion and Affidavit for Permission to Proceed in Forma Pauperis

Instructions for this form: <http://www.ca9.uscourts.gov/forms/form04instructions.pdf>

9th Cir. Case Number(s) ~~24-2944~~ 24-2966

Case Name Martinez-Hernandez v. Garland

Affidavit in support of motion: I swear under penalty of perjury that I am financially unable to pay the docket and filing fees for my appeal. I believe my appeal has merit. I swear under penalty of perjury under United States laws that my answers on this form are true and correct. 28 U.S.C. § 1746; 18 U.S.C. § 1621.

Signature Dm // Date 05/13/2024

The court may grant a motion to proceed in forma pauperis if you show that you cannot pay the filing fees **and** you have a non-frivolous legal issue on appeal. Please state your issues on appeal. (*attach additional pages if necessary*)

Petitioner has a well-founded fear of torture. 8 C.F.R. § 1208 et seq. Petitioner has competency issues and qualifies for appointed counsel. See Matter of Franco-Gonzales. Petitioner demonstrated symptoms of mental defects. The IJ and BIA erred as a matter of law by failing to properly address this issue, inter alia. This calls into question the fundamental fairness of Petitioner's proceedings, See Petition for Review. See also, Motion for Stay.

Feedback or questions about this form? Email us at forms@ca9.uscourts.gov

RECEIVED
MOLLY C. DWYER, CLERK
U.S. COURT OF APPEALS
MAY 17 2024
FILED
JACKETEL
DATE
INITIAL

1. For both you and your spouse, estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income Source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ <input type="text" value="0"/>	\$ <input type="text"/>	\$ <input type="text" value="0"/>	\$ <input type="text"/>
Self-Employment	\$ <input type="text" value="0"/>	\$ <input type="text"/>	\$ <input type="text" value="0"/>	\$ <input type="text"/>
Income from real property (such as rental income)	\$ <input type="text" value="0"/>	\$ <input type="text"/>	\$ <input type="text" value="0"/>	\$ <input type="text"/>
Interest and Dividends	\$ <input type="text" value="0"/>	\$ <input type="text"/>	\$ <input type="text" value="0"/>	\$ <input type="text"/>
Gifts	\$ <input type="text" value="0"/>	\$ <input type="text"/>	\$ <input type="text" value="0"/>	\$ <input type="text"/>
Alimony	\$ <input type="text" value="0"/>	\$ <input type="text"/>	\$ <input type="text" value="0"/>	\$ <input type="text"/>
Child Support	\$ <input type="text" value="0"/>	\$ <input type="text"/>	\$ <input type="text" value="0"/>	\$ <input type="text"/>
Retirement (such as social security, pensions, annuities, insurance)	\$ <input type="text" value="0"/>	\$ <input type="text"/>	\$ <input type="text" value="0"/>	\$ <input type="text"/>
Disability (such as social security, insurance payments)	\$ <input type="text" value="0"/>	\$ <input type="text"/>	\$ <input type="text" value="0"/>	\$ <input type="text"/>
Unemployment Payments	\$ <input type="text" value="0"/>	\$ <input type="text"/>	\$ <input type="text" value="0"/>	\$ <input type="text"/>
Public-Assistance (such as welfare)	\$ <input type="text" value="0"/>	\$ <input type="text"/>	\$ <input type="text" value="0"/>	\$ <input type="text"/>
Other (specify) <input type="text" value="NONE"/>	\$ <input type="text" value="0"/>	\$ <input type="text"/>	\$ <input type="text" value="0"/>	\$ <input type="text"/>
TOTAL MONTHLY INCOME:	\$ <input type="text" value="0"/>	\$ <input type="text"/>	\$ <input type="text" value="0"/>	\$ <input type="text"/>

2. List your employment history for the past two years, most recent employer first.
(Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross Monthly Pay
NONE	N/A	From <input type="text"/> To <input type="text"/>	\$ <input type="text"/>
NONE	N/A	From <input type="text"/> To <input type="text"/>	\$ <input type="text"/>
NONE	N/A	From <input type="text"/> To <input type="text"/>	\$ <input type="text"/>
NONE	N/A	From <input type="text"/> To <input type="text"/>	\$ <input type="text"/>

3. List your spouse's employment history for the past two years, most recent employer first.
(Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of Employment	Gross Monthly Pay
N/A	N/A	From <input type="text"/> To <input type="text"/>	\$ <input type="text"/>
		From <input type="text"/> To <input type="text"/>	\$ <input type="text"/>
		From <input type="text"/> To <input type="text"/>	\$ <input type="text"/>
		From <input type="text"/> To <input type="text"/>	\$ <input type="text"/>

Feedback or questions about this form? Email us at forms@ca9.uscourts.gov

4. How much cash do you and your spouse have? \$ 0

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount You Have	Amount Your Spouse Has
NONE	N/A	\$ 0	\$ 0
NONE	N/A	\$ 0	\$ 0
NONE	N/A	\$ 0	\$ 0
NONE	N/A	\$ 0	\$ 0

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishing.

Home	Value	Other Real Estate	Value
NONE	\$ 0	NONE	\$ 0

Motor Vehicle 1: Make & Year	Model	Registration #	Value
NONE	N/A	N/A	\$ 0
Motor Vehicle 2: Make & Year	Model	Registration #	Value
NONE	N/A	N/A	\$ 0

Other Assets	Value
NONE	\$ <u>0</u>
NONE	\$ <u>0</u>
NONE	\$ <u>0</u>

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse	Amount owed to you	Amount owed to your spouse
NONE	\$ <u>0</u>	\$ <u> </u>
NONE	\$ <u>0</u>	\$ <u> </u>
NONE	\$ <u>0</u>	\$ <u> </u>

7. State the persons who rely on you or your spouse for support. If a dependent is a minor, list only the initials and not the full name.

Name	Relationship	Age
NONE	N/A	N/A
NONE	N/A	N/A
NONE	N/A	N/A

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Spouse
Rent or home-mortgage payment (include lot rented for mobile home)	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
- Are real estate taxes included? <input type="radio"/> Yes <input type="radio"/> No		
- Is property insurance included? <input type="radio"/> Yes <input type="radio"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Home maintenance (repairs and upkeep)	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Food	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Clothing	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Laundry and dry-cleaning	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Medical and dental expenses	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Transportation (not including motor vehicle payments)	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Recreation, entertainment, newspapers, magazines, etc.	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Insurance (not deducted from wages or included in mortgage payments)		
- Homeowner's or renter's	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
- Life	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
- Health	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
- Motor Vehicle	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
- Other <input type="text" value="NONE"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>
Taxes (not deducted from wages or included in mortgage payments)		
Specify <input type="text" value="NONE"/>	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>

	You	Spouse
Installment payments		
- Motor Vehicle	\$ <u>0</u>	\$ <u>0</u>
- Credit Card (name) <u>NONE</u>	\$ <u>0</u>	\$ <u>0</u>
- Department Store (name) <u>NONE</u>	\$ <u>0</u>	\$ <u>0</u>
Alimony, maintenance, and support paid to others	\$ <u>0</u>	\$ <u>0</u>
Regular expenses for the operation of business, profession, or farm (attach detailed statement)	\$ <u>0</u>	\$ <u>0</u>
Other (specify) <u>NONE</u>	\$ <u>0</u>	\$ <u>0</u>
TOTAL MONTHLY EXPENSES	\$ <u>0</u>	\$ <u>0</u>

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months? ☐ Yes ☒ No

If Yes, describe on an attached sheet.

10. Have you spent—or will you be spending—any money for expenses or attorney fees in connection with this lawsuit? ☐ Yes ☒ No

If Yes, how much? \$

11. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

I am physically detained under ICE custody without any income, job, assets, property, financial resources or cash in hand. I am ProSe.

12. State the city and state of your legal residence.

City Pahrump

State Nevada

Your daytime phone number (ex., 415-355-8000) In Custody / Detained

Your age 54 Your years of schooling Elementary

**UNITED STATES COURT OF APPEALS
FOR THE NINTH CIRCUIT**

Form 25. Certificate of Service for Paper Filing

ATTENTION ELECTRONIC FILERS: DO NOT USE FORM 25
Use Form 25 only if you are **not** registered for Appellate Electronic Filing.

Instructions

- You must attach a certificate of service to each document you send to the court and to opposing counsel.
- Include the title of the document you are serving, the name and address of each person you served with a copy of the document, and the date of mailing or hand delivery.
- Sign and date the certificate. You do not need to have the certificate notarized.
- Remember that you must send a copy of **all** documents and attachments to counsel for each party to this case.

9th Cir. Case Number(s) 24-2966

Case Name Martinez-Hernandez v. Garland

I certify that I served on the person(s) listed below, either by mail or hand delivery, a copy of the FORM 4
and any attachments. (title of document you are filing, such as Opening Brief, Motion for __, etc.)

Signature pm //

Date 5-13-2024

Name	Address	Date Served
Assistant Chief Counsel	501 South Las Vegas Blvd #200, Las Vegas, NV 89101	5/13/24

Mail this form to the court at:

Clerk, U.S. Court of Appeals for the Ninth Circuit, P.O. Box 193939, San Francisco, CA 94119-3939

Feedback or questions about this form? Email us at forms@ca9.uscourts.gov